ENTRANCE PHYSICAL STANDARDS BOARD (EPSBD) PROCEEDINGS			DATE
1. NAME OF SERVICE MEMBER (Last, First, MI)		2. SSN	3. GRADE
4. MEDICAL TREATMENT FACILITY	5. COMPONENT	6. ORGANIZATION	7. DATE ENTERED CURR TOUR OF AD
	FINDINGS BY THE EVA	LUATING PHYSICIANS	
8. After careful considerations of medical records medically unfit for appointment or enlistment in a condition(s) existed prior to service. The member of t	s, laboratory, findings, and n ccordance with current med er has the following medical	ALUATING PHYSICIANS nedical examinations, the board finds the ical fitness standards and in the opinion conditions and/or physical defects (brief).	nat the service member was in of the evaluating physicians the finarrative summary).
10. TYPED NAME, GRADE & SPECIALTY OF PHYS	ICIAN(S)/DENTIST(S)	11. SIGNATURE(S)	
12. THE FINDINGS ARE	ACTION BY MEDICAL A	APPROVING AUTHORITY	
	/ED (State reason in continua	tion section on reverse. Identify by Item I	No.)
13. TYPED NAME, GRADE & TITLE OF MEDICAL A	PPROVING AUTHORITY	14. SIGNATURE	15. DATE

16. TO (Commander of Service Member)	17. FROM (MTF Commander)			
FORWARDED FOR 18. TYPED NAME, GRADE & TITLE OF MTF COMMANDER	NECESSARY MEMBER 19. SIGNATURE	20. DATE		
18. TIPED NAME, GRADE & TITLE OF MIT COMMANDER	19. SIGNATURE	ZU. DATE		
ACTION BY S	_ ERVICE MEMBER	1		
		rmy is available to me or		
21. I have been informed of the medical findings. Additionally, I understand that legal advice of an attorney employed by the Army is available to me or that I may consult civilian counsel at my own expense. I also understand that I may request to be discharged from the US Army without delay or to request retention on active duty. If retained, I my be involuntarily reclassified into another military occupational speciality based upon my medical condition.				
I concur with these proceedings and request to be discharged	from the US Army without delay.			
I concur with these proceedings and request that I be retained on active duty.				
I disagree with these proceedings because my condition did no and request my case be returned to the medical approving aut	ot exist prior to service (specified medical evidence i hority for reconsideration.	s attached)		
I disagree with these proceedings because my condition was not disqualifying on entry and was aggravated by service (specific medical evidence is attached) and request my case be returned to the medical approving authority for reconsideration.				
22. TYPED NAME, & GRADE OF SERVICE MEMBER	23. SIGNATURE	24. DATE		
ACTION BY III	 NIT COMMANDER			
25. RECOMMEND SERVICE MEMBER BE DISCHARGED/SEPARA				
SERVICE MEMBER BE RETAINED.	TEB.			
	EDICAL APPROVING AUTHORITY.			
26. TYPED NAME, GRADE & TITLE	27. SIGNATURE	28. DATE		
ACTION BY DISC	HARGE AUTHORITY	l		
29. SERVICE MEMBER WILL BE				
☐ DISCHARGED/SEPARATED FROM THE ARMY. ☐ RETAINED ON ACTIVE DUTY.				
30. TYPED NAME, GRADE & TITLE	31. SIGNATURE	32. DATE		
CONTINUATION (Identify each continued item by number)				